EXHIBIT D

Page 1

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

— — —

GARY B. FREEDMAN,	: NO.
ESQUIRE, Administrator	: 2:13-cv-3145-CDJ
of the ESTATE OF	:
ABRAHAM STRIMBER,	:
deceased	:
and	:
BRACHA STRIMBER,	:
	:
Plaintiffs,	:
	:
v.	:
	:
STEVEN FISHER, M.D.,	:
et al.,	:
	:
Defendants.	:

— — —

Thursday, April 10, 2014

— — —

Oral deposition of LORI
ISCHINGER, taken pursuant to notice, was
held at Abington Hospital, 1200 Old York
Road, Abington, Pennsylvania, commencing
at 10:10 a.m., on the above date, before
Amy M. Murphy, a Professional Court
Reporter and Notary Public there being
present.

— — —

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```
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 2
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     Hospital
22                       -   -   -
23
24
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 1                          -   -   -
 2                       I  N  D  E  X
 3                          -   -   -
 4
      Testimony of:   LORI ISCHINGER         PAGE
 5
 6      By Mr. Aussprung                      5,  76
 7      By Mr. Camhi                          70
 8
 9
                          -   -   -
10
                    E X H I B I T S
11
                          -   -   -
12
13    NO.              DESCRIPTION           PAGE
14
      Ischinger-1 Five Level Emergency
15                Severity Index             15
16    Ischinger-2 Emergency Department
                  Record                     21
17
      Ischinger-3 Clinical Pathway           68
18
19
20
21
22
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 1                    -    -   -

 2           DEPOSITION SUPPORT INDEX

 3                    -    -   -

 4

 5   Direction to Witness Not to Answer

 6   Page Line       Page Line       Page Line

 7   None

 8

 9

10   Request for Production of Documents

11   Page Line       Page Line       Page Line

12   None

13

14

15   Stipulations

16   Page Line       Page Line       Page Line

17   5      2-9

18

19

20   Question Marked

21   Page Line       Page Line       Page Line

22   None

23

24
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 1                        -    -   -

 2              (It is hereby stipulated and

 3         agreed by and among counsel for

 4         the respective parties that

 5         sealing, filing and certification

 6         are waived; and that all

 7         objections, except as to the form

 8         of questions, be reserved until

 9         the time of trial.)

10                        -    -   -

11              LORI ISCHINGER, after having

12         been duly sworn, was examined and

13         testified as follows:

14                        -    -   -

15                   EXAMINATION

16                        -    -   -

17

18    BY MR. AUSSPRUNG:

19         Q.    Good morning.

20         A.    Good morning.

21         Q.    Could you state your full

22    name for the record?

23         A.    Lori Anne Ischinger.

24         Q.    I know you're represented by
```

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1   Counsel, but I just want to go through a

2   few things to make sure we're on the same

3   page.

4   A.   Okay.

5   Q.   Have you ever been deposed

6   before?

7   A.   No.

8   Q.   Everything we're saying is

9   being taken down by our court reporter.

10   She can only take down words. So, if you

11   say "uh-huh" and nod your head, she'll

12   write "uh-huh" on the transcript. And

13   we'll all be very clear in this room that

14   your answer was "yes", but later, when

15   the lawyers go back to look at the

16   transcripts or when it's read in a

17   courtroom, it may not be so clear.

18   We don't want to be in a

19   situation where some lawyers try and

20   misinterpret something you said on the

21   record, so, we're all very conscious of

22   the words as they appear in writing. So,

23   try to answer "yes", "no", "okay", "I

24   don't understand your question." Those

1   are all fine answers.

2   A.   Okay.

3   Q.   We will remind you when you

4   slip into it. Most people slip into it.

5   We're not trying to be rude. We want to

6   make sure that whatever testimony you

7   give about whatever it may be is

8   accurately reflected by the written

9   record; okay?

10   A.   Okay.

11   Q.   This may feel like you and I

12   are having a conversation. We're really

13   not. It's my question, followed by your

14   answer. We want it to appear that way on

15   the record.

16   In polite conversations,

17   people talk over each other, people begin

18   speaking before the other one is

19   finished. We want to avoid that here.

20   It may actually feel a little rude, but

21   you have to kind of slow down, let me

22   finish my question all the way to the

23   end, and then you give your answer.

24   If you're not done with your

Page 8

1   answer and I start talking, say "I'm not

2   done." I don't mean to step on your

3   answer. I'll give you whatever time you

4   need to put whatever you'd like on the

5   record; okay?

6   A.   Okay.

7   Q.   Sometimes I ask questions

8   that are less than clear. Sometimes

9   they're poorly-phrased questions, or

10   perhaps you're looking at a document or

11   you're thinking about something and you

12   just didn't completely hear my question.

13   If for any reason you don't understand my

14   question, let me know; all right?

15   A.   Yes.

16   Q.   To the extent you do provide

17   us with answers today, we're going to

18   assume you understood my question; okay?

19   A.   Yes.

20   Q.   If you need to take a break

21   or talk to your lawyer, I have no

22   objections about that. Just let us know,

23   take a break, and come back; okay?

24   A.   Okay.

```
 1           Q.      Where are you currently

 2   working?

 3           A.      Where am I currently

 4   working?  Abington.

 5           Q.      What is your position

 6   currently at Abington Memorial Hospital?

 7           A.      I'm a registered nurse.

 8           Q.      In what department do you

 9   work?

10           A.      The emergency department.

11           Q.      You are a staff nurse?

12           A.      Yes.

13           Q.      Do you have any position of

14   leadership here at Abington?

15           A.      No.

16           Q.      You're not a head nurse or a

17   chief nurse or whatever they call them

18   now?

19           A.      Charge nurse?

20           Q.      Charge nurse.

21           A.      No.

22           Q.      Okay.  I don't have your

23   curriculum vitae or resumé, so I'm just

24   going to ask you a few questions about
```

Page 10

1   your education.

2   A.   Okay.

3   Q.   Where did you graduate from

4   high school?

5   A.   High school? William

6   Tennent.

7   Q.   What year?

8   A.   1995.

9   Q.   Where did you go after that?

10   A.   Gwynedd-Mercy.

11   Q.   To their nursing program?

12   A.   Yes.

13   Q.   What degree did you obtain

14   from there?

15   A.   I obtained an associate's

16   degree in 1997, a bachelor's degree in

17   1999, and a master's degree in 2010.

18   Q.   So, am I correct that you

19   first got your registered nursing license

20   at the end of your associate's degree?

21   A.   Yes.

22   Q.   And then you've been working

23   as a nurse since then?

24   A.   Yes.

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```
 1          Q.      Other than at Abington

 2   Memorial Hospital, have you worked at

 3   other hospitals?

 4          A.      Yes.

 5          Q.      Where else have you worked?

 6          A.      I worked at Holy Redeemer.

 7          Q.      For how long did you work

 8   there?

 9          A.      From after graduating until

10   I came to Abington in 2001.

11          Q.      Were you initially on a

12   med-surg floor?

13          A.      Yes.

14          Q.      Like most nurses are.

15                  And then did you work in the

16   emergency department there?

17          A.      No.

18          Q.      So, you were just a med-surg

19   nurse there for a few years?

20          A.      Yes.

21          Q.      And then you came here?

22          A.      Yes.

23          Q.      And did you start here in

24   the emergency department?
```

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```
1           A.      Yes.

2           Q.      So, in what year did you

3    begin at Abington Memorial Hospital?

4           A.      2001.

5           Q.      So, since 2001 through

6    today, have you worked here full time?

7           A.      I worked here full time and

8    I'm part time now.

9           Q.      When did you go part time?

10          A.      I believe 2009.

11          Q.      So, we're going to talk

12   today about some events from February

13   22nd, 2012.

14          A.      Yes.

15          Q.      In February of 2012, you

16   were part time?

17          A.      Yes.

18          Q.      How many hours were you

19   working a week or a month?  How did you

20   do that?

21          A.      I do 20 hours a week, 40

22   hours biweekly.

23          Q.      Back in February of 2012,

24   were you working a specific shift?
```

Page 13

```
 1          A.     I work 7A -- well, when I
 2  went part time I started doing 10 hours.
 3  So, I would be 7A to 5:30 p.m.
 4          Q.     Okay.  And you would then, I
 5  guess, do approximately two shifts every
 6  week?
 7          A.     Yes.
 8          Q.     On average?
 9          A.     Um-hum.
10          Q.     Some weeks you do more, some
11  weeks less?
12          A.     Well, here, I always do 20
13  hours a week.
14          Q.     So you do two shifts --
15          A.     Two shifts a week.
16          Q.     What pieces of paper, if
17  anything, did you review in preparation
18  for today?
19          A.     I reviewed the pulse check
20  chart, which is our ER chart.
21          Q.     Is that this?
22          A.     Yes.
23          Q.     You reviewed the emergency
24  room records for Abraham Strimber?
```

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```
 1          A.     Yes.

 2          Q.     Did you review any of his

 3   inpatient hospital records?

 4          A.     No.

 5          Q.     There have been many

 6   depositions like this taken in the case.

 7   Have you reviewed any of those

 8   transcripts?

 9          A.     No.

10          Q.     There are some policies and

11   procedures that have been disclosed in

12   this case.  Did you review any of the

13   policies and procedures in preparation

14   for today?  For instance, there's a

15   policy and procedure on ESI

16   classification in triage.  Did you review

17   any of that?

18          A.     I reviewed -- this was -- it

19   says patient care.

20               MS. TERESHKO:  Just state

21          the title of the policy.

22               THE WITNESS:  Oh, sorry.

23          Assessment Emergency Trauma Center

24          Patients is the title.
```

```
 1   BY MR. AUSSPRUNG:

 2          Q.     Okay.  Is that the only

 3   policy you reviewed?

 4          A.     Yes.

 5          Q.     There's a policy, I'll just

 6   mark it Exhibit-1.

 7                     -   -   -

 8                 (Whereupon, Exhibit

 9                 Ischinger-1 was marked for

10                 identification.)

11                     -   -   -

12   BY MR. AUSSPRUNG:

13          Q.     It was recently disclosed

14   called Five Level Emergency Severity

15   Index.  I've marked it as Exhibit-1.

16                 Did you review this in

17   preparation for today?

18          A.     Did I?  No.

19          Q.     We'll come back to it.

20                 Am I correct that you, based

21   upon your review of the medical record,

22   were the triage nurse for Abraham

23   Strimber?

24          A.     Yes.
```

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1   Q.   So you were working in

2   triage that day?

3   A.   Yes.

4   Q.   Before we get into what you

5   wrote in the record, as you sit here

6   today, and I recognize you reviewed some

7   things that may have refreshed your

8   memory, but as you sit here now, do you

9   remember Abraham Strimber?

10   A.   I remember certain aspects

11   of the triage when I reviewed it.

12   Q.   Okay. Tell me what you

13   remember of that triage.

14   A.   The main thing that I

15   remember is the weird things that he told

16   me he ate.

17   Q.   The things that he told you

18   he --

19   A.   Yes.

20   Q.   The food.

21   A.   When I read that, I was able

22   to recall a man in a lot of distress, and

23   I remembered those specific things that

24   he told me that he ate.

Page 17

```
 1          Q.     Because they were kind of an

 2  unusual --

 3          A.     Yes.

 4          Q.     Diet.

 5                 And again, it feels like a

 6  conversation.  Try not to talk when I'm

 7  talking and I'll try to do the same.  We

 8  both fall into it.

 9          A.     Okay.

10          Q.     You said you remembered he

11  was in distress, you said.  What do you

12  remember about that?

13          A.     I remember him being in a

14  lot of pain.

15          Q.     Do you remember where his

16  pain was?

17          A.     He told me it was abdominal.

18          Q.     Do you remember anything

19  else -- and we're going to look at what

20  you wrote down in a moment, but do you

21  remember anything else from that

22  interaction other than he had some

23  unusual things he had eaten recently and

24  that he was in significant distress?
```

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```
 1          A.     Not really.

 2          Q.     Do you remember if anyone

 3    was there in the triage room with him?

 4          A.     Family you mean?

 5          Q.     Yes.

 6          A.     I don't recall that.

 7          Q.     Do you remember any of your

 8    conversations with Mr. Strimber?

 9          A.     I remember me questioning

10    him as to why he was here or what brings

11    him in.   And I recall him telling me

12    about the lox and the weird things that

13    he ate.

14          Q.     Do you remember him telling

15    you anything else?

16          A.     Not specifically, just from

17    looking at what I wrote.

18          Q.     We'll look at what you wrote

19    again, but do you remember him saying

20    anything about his pain?

21          A.     I don't recall off the top

22    of my head him saying anything about his

23    pain other than refreshing myself with

24    what I wrote.
```

1   Q.   Well, I know you wrote what

2   you wrote.   Sometimes people remember a

3   lot more details or things differently

4   than what's documented.   So, I just

5   wanted to see if you remember anything

6   else other than what's written down.

7   A.   No, just what he ate and

8   that he was in a lot of pain.

9   Q.   Do you remember anything

10 else about the description of his pain?

11   MS. TERESHKO: Other than

12   what she already told you?

13 BY MR. AUSSPRUNG:

14   Q.   Other than what you just

15 said.

16   A.   No.

17   Q.   Do you remember any

18 conversations with any of the emergency

19 department staff, physicians, or nurses

20 about Mr. Strimber?

21   A.   No.

22   Q.   And you don't remember any

23 conversations with any of Mr. Strimber's

24 family members?

Page 20

1   A.   No.

2   Q.   Now, this triage, based on

3   the medical record, occurred at 11:45

4   a.m. on a Wednesday. Just that's what

5   the record says.

6   A.   Okay.

7   Q.   I'm going to go with what

8   the record says.

9   And actually, there's a time

10   where it says -- right before that,

11   there's an earlier time where vital signs

12   were done at 11:42, three minutes

13   earlier.

14   Do you have any memory or

15   knowledge or information about how busy

16   the emergency department at Abington

17   Hospital was on Wednesday, February 22nd

18   around 11:45?

19   A.   No.

20   Q.   Do you have any

21   recollection, knowledge, or information

22   about how many patients were waiting to

23   be seen at that time?

24   A.   No.

```
 1           Q.      I'm going to mark my copy of

 2    the emergency department medical records,

 3    which I know the page ordering and

 4    numbering is a little bit different than

 5    other documents disclosed in this case,

 6    as Exhibit-2.

 7                         -   -   -

 8                  (Whereupon, Exhibit

 9           Ischinger-2 was marked for

10           identification.)

11                         -   -   -

12    BY MR. AUSSPRUNG:

13           Q.      I'm going to hand it to you

14    so that we can refer to the same thing on

15    the record.

16                  First, I just want you to

17    take a moment and go through this

18    document, and just tell me which are the

19    areas that are documented by you.

20           A.      I documented his assessment,

21    which is -- do I have to read it for --

22           Q.      Can you just point to where

23    it is for me?

24           A.      This is his assessment.
```

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1   Q.   Okay. You're talking about

2   the first page where it says

3   "assessment." I got it.

4   A.   Yes.

5   Q.   Go ahead.

6   A.   I documented his GCS.

7   Q.   Thank you.

8   A.   I documented, or at least

9   confirmed, his previous allergies. I

10   don't know if they were already in the

11   computer or if I placed them in there

12   myself, but we at least confirm them if

13   they're already in the computer. I

14   documented -- that would be the same with

15   the allergies and the current

16   medications. I would confirm it if it

17   was already in the computer or document

18   any additional medications. The same

19   with the past medical history. And his

20   initial set of vital signs.

21   Q.   Would it be fair to say that

22   the entries that are followed by a time

23   and the initials "LS" are your entries?

24   MS. TERESHKO: Object to the

Page 23

```
 1              form.  You can answer.  Go ahead.
 2                   THE WITNESS:  Not
 3         necessarily.
 4    BY MR. AUSSPRUNG:
 5         Q.    Who else would be entering
 6    something that would be documented by a
 7    time and the initials "LS"?
 8         A.    Can you tell me specifically
 9    where you're --
10         Q.    Well, one of the things that
11    you did not mention to me was the
12    complaint.  See where it says
13    "complaint"?
14         A.    Yes.
15         Q.    And then after that it says
16    "chest pain", and then it says in
17    parenthesis, Wednesday, February 22nd,
18    2012, 11:45, LS.  Do you see where it
19    says that?
20         A.    Yes.
21         Q.    Is that you or is that
22    somebody else?
23         A.    I did not document that.
24         Q.    Who documented that?
```

Page 24

1   A.   That would have been

2   documented when he initially came in at

3   the time of greet by someone other than

4   me.

5   Q.   Do you know who that person

6   was?

7   A.   I don't know who the person

8   was.

9   Q.   If you go to the end of the

10   last page of this chart, there's a key

11   that lists a variety of people and their

12   initials. Do you see that?

13   A.   Yes.

14   Q.   Is it someone on that list

15   who documented that complaint?

16   A.   I don't believe so.

17   Q.   Do you have any

18   understanding as to how the computer

19   knows what initials to place after an

20   entry?

21   A.   I don't know how the systems

22   work.

23   Q.   Do you sign into the system

24   using a specific code that identifies

Page 25

```
 1   you?

 2           A.      I do.

 3           Q.      So, does somebody else at

 4   Abington Hospital have the authority to

 5   sign in under your code?

 6           A.      No.

 7           Q.      So, can you explain to me

 8   how it is that your initials appear next

 9   to something that you didn't document?

10           A.      The initial complaint gets

11   documented in Star, which is a different

12   system, and then it repopulates into

13   pulse check, and that's how my initials

14   got attached to it.

15           Q.      Do you repopulate it?

16           A.      No.  It does it

17   automatically.

18           Q.      Well then why doesn't it put

19   the initials of the person that created

20   that field?  Why does it put your

21   initials?

22           A.      At that time, it put the

23   initials of, I'm assuming, the registered

24   nurse that does the triage.
```

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1   Q.   Do you know who the

2   registered -- that was you that day;

3   correct?

4   A.   Yes.

5   Q.   The person who it's your

6   understanding who wrote the words "chest

7   pain," what was -- you don't know who

8   that person was, the person's name;

9   correct?

10   A.   Correct.

11   Q.   Tell me again what job that

12   patient had.

13   A.   It would be -- well, a

14   clinical assistant is the person that

15   Stars the patient.

16   Q.   What does Stars the patient

17   mean?

18   A.   Star is another system where

19   when the patient comes in, they either

20   use their Social Security number or their

21   first name and last name, and they put it

22   into the Star system and it will pick out

23   if the patient was here before. They

24   confirm that that patient's correct, they

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```
 1   enter the complaint, they press "enter"

 2   and then that gets repopulated somehow

 3   into pulse check.

 4           Q.      That person is not a nurse

 5   or a physician; correct?

 6           A.      Correct.

 7           Q.      That person is like a clerk

 8   or a nurse's aid?

 9           A.      A nurse's aid, clinical

10   associate.

11           Q.      That's the name for a

12   nurse's aid, clinical associate?

13           A.      Yes.

14           Q.      This clinical associate, are

15   they, like, sitting at the front desk,

16   are they the person that greets the

17   patient when they walk into the emergency

18   department?

19           A.      At the time when

20   Mr. Strimber came in, yes, they were.

21           Q.      And how does that clinical

22   associate know what to place as the

23   complaint?

24                   MS. TERESHKO:   I'm going to
```

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```
 1              just interpose an objection.  So,

 2              you want her to speculate about

 3              what someone --

 4                   MR. AUSSPRUNG:  Let me ask

 5              it a different way.

 6    BY MR. AUSSPRUNG:

 7              Q.    Is there an ER sign-in form

 8    for patients?

 9              A.    Where they sign themselves

10    in?

11              Q.    Like, you arrive at the ER

12    and there's, you know, put your name on

13    the list, your name, your chief

14    complaint, why you're here.

15              A.    That the patient themselves

16    does?

17              Q.    Yes.

18              A.    No.

19              Q.    There's no sign-in for

20    patients in the emergency department?

21              A.    No.

22              Q.    So, the way patients let the

23    staff at Abington emergency department

24    know that they are there in the emergency
```

1   department to be seen is how?

2   A.   They try to explain why

3   they're there.

4   Q.   So, they must speak to a

5   human?

6   A.   They either speak or they

7   gesture.

8   Q.   Well, I don't know. I mean,

9   I don't know if there's like a computer

10   counsel and they punch a button or they

11   sign in --

12   A.   No.

13   Q.   -- or they talk to a person.

14   I mean, I guess we can go

15   off the record and I could see, but I

16   don't want to do that.

17   But, you know, is the way

18   that the emergency department learns that

19   there's a patient requesting to be seen

20   through face-to-face communication?

21   A.   Yes.

22   Q.   And that face-to-face

23   communication is with, back in February

24   of 2012, a clinical associate who's a

Page 30

1   non-RN nurse's aid?

2   A.   Yes.

3   Q.   Okay.   Is it your

4   understanding that that's what happened

5   in Mr. Strimber's case?

6   A.   Yes.

7   Q.   So, the clinical associate

8   documented that the patient was here for

9   a complaint of chest pain?

10   A.   That's what it says.

11   Q.   How can we learn who that

12   was?

13   A.   I don't know.

14   Q.   Fair enough.   Who trains the

15   clinical associates to work at that

16   window of when patients first present to

17   the emergency department?

18   A.   Specifically, I don't know.

19   I'm not involved in any of their

20   training.

21   Q.   Is there training?

22   A.   I am sure there is, but.

23   Q.   Have you ever participated

24   in such training?

```
 1          A.      For triage, no.

 2          Q.      Have you ever sat at that

 3   window and performed that job?

 4          A.      Yes.

 5          Q.      So, when you perform that

 6   job at the triage window, how do you know

 7   what to put in the complaint spot?

 8          A.      Well, depends on the

 9   patient.  Sometimes they know exactly why

10   they're here and they tell us, sometimes

11   we have to figure it out from a plethora

12   of things that they may say, or they may

13   point to a certain area.

14          Q.      Let's say a patient arrives,

15   walks into the emergency department and

16   has multiple complaints.  That happens;

17   correct?

18          A.      Yes.

19          Q.      Is there some instruction

20   given to the person at that window as to

21   what to write in that space of complaint?

22               MS.  TERESHKO:  Based on the

23          history of multiple complaints?

24               MR.  AUSSPRUNG:  If they come
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 1              in with multiple complaints.
 2    BY MR. AUSSPRUNG:
 3         Q.    I mean, is the instruction
 4    to put down everything the patient
 5    complains of in the complaint spot?
 6         A.    The chief complaint is
 7    supposed to be one or two words as to why
 8    the patient's here.  It's something very
 9    brief just to get them through the door.
10    The actual assessment that I performed is
11    why the patient is telling me that he's
12    here.
13         Q.    So, would it be fair to say
14    that the patient said I stubbed my toe
15    and I now have chest pain, that chest
16    pain would be placed in that block?
17              MS. TERESHKO:  Well,
18         objection.  Calls for speculation.
19    BY MR. AUSSPRUNG:
20         Q.    You can answer if you
21    understand.
22         A.    I don't know.  It would
23    depend on the situation.
24         Q.    Well, I think I just gave
```

1   you the situation; didn't I? Is there

2   something else you need to know?

3   MS. TERESHKO: No.   Can you

4   ask another question?

5   MR. AUSSPRUNG: No.   I like

6   my question.

7   BY MR. AUSSPRUNG:

8   Q.   If the patient presented and

9   said I stubbed my toe and now have chest

10 pain, what would the chief complaint be?

11   MS. TERESHKO: Based on how

12   she does it?

13   MR. AUSSPRUNG: Yes.

14   THE WITNESS: I would ask

15   them more questions.

16 BY MR. AUSSPRUNG:

17   Q.   Okay.

18   A.   I mean, I wouldn't just put

19 something down without clarifying that a

20 lot further.

21   Q.   What's that job called of

22 the person at the window? Does it have a

23 name?

24   A.   I mean, they're greeting the

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1   patient.

2   Q.   The greeter?

3   A.   Triage.

4   Q.   Well, they're not a nurse

5   doing triage; are they?

6   A.   No.

7   Q.   But are they part of the

8   triage process?

9   A.   Yes.

10   Q.   Are they a greeter?   I'm

11   trying to figure out, like, when you say

12   so-and-so is doing that job, do you say

13   what the job is each day, or do you just

14   say who's at the window?   How is that

15   referred to?

16   A.   It's hard to say.   I mean,

17   at this time, it would have been, you

18   know, a tech sitting at the window.

19   Q.   Okay. So, does the person

20   sitting at the window have instructions

21   that the chief complaint is to be

22   documented as the most serious and

23   life-threatening complaint the patient

24   has?

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 1        A.     I can speak for myself.

 2        Q.     Okay.

 3        A.     If I'm at the window, then

 4   yes.

 5        Q.     Is it your understanding

 6   that's the way everyone does it?

 7               MS. TERESHKO:  Well, she's

 8        not here to talk about how

 9        everyone does it.

10   BY MR. AUSSPRUNG:

11        Q.     Were you ever trained on

12   what to do when you were sitting at the

13   window?

14        A.     Yes.

15        Q.     And in that training, were

16   you told to record as the chief complaint

17   the most serious complaint the patient

18   has?

19        A.     I mean, I don't know that

20   there was a specific training for that.

21   But as a nursing professional, I mean, I

22   know that I would want to rule out the

23   most severe thing that the patient is

24   complaining about.
```

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1   Q.   So, common sense would

2   dictate it would be the most serious

3   complaint the patient had?

4   A.   Speaking for myself, yes.

5   Q.   Now, when you have worked at

6   the window, do you ever put in the spot,

7   complaint, something that the patient has

8   not complained of?

9   A.   Specifically, verbally said

10   to me, "I have this", yes.

11   Q.   I don't understand your

12   answer. I'm sorry.

13   MS. TERESHKO: Why don't you

14   restate the question?

15   BY MR. AUSSPRUNG:

16   Q.   For instance, have you ever

17   documented as the chief complaint

18   something different than what the patient

19   complained of?

20   A.   Some patients can't tell us

21   why they're here.

22   Q.   Okay.

23   A.   I mean, it's very unusual

24   circumstances sitting at that desk. And

```
 1   sometimes you almost need to be a mind

 2   reader to figure out why some people are

 3   here, so.

 4          Q.     Well, I imagine some people

 5   are unconscious.

 6          A.     Well, hopefully, not coming

 7   through that door.  I mean, sometimes

 8   people just point to something and say "I

 9   have pain here" and I have to interpret

10   what that means.

11          Q.     If a patient told you they

12   had abdominal pain, would there ever be a

13   circumstance where the person at the

14   window should be documenting chest pain?

15              MS. TERESHKO:  Objection.

16          Calls for speculation.  If you can

17          answer, go ahead.

18              THE WITNESS:  If they're

19          pointing to their upper abdomen,

20          it could be interpreted as chest

21          pain.

22   BY MR. AUSSPRUNG:

23          Q.     Why is that?

24          A.     Because it's still part of
```

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1   the thoracic area. I mean, epigastric,

2   it's a very fine line as to whether --

3   when you think about abdominal pain, I

4   mean, speaking for myself, you kind of

5   think below the bellybutton, you're

6   thinking appendicitis, bowels, that kind

7   of stuff. But when somebody is pointing

8   to their upper abdomen, it's -- you know.

9   Q.   Would it be fair to say that

10   when patients complain of pain in the

11   area of their upper abdomen or their

12   epigastric area, as you described --

13   which means above the belly; correct?

14   A.   Yes.

15   Q.   -- that that pain can

16   originate from either the chest or the

17   abdomen?

18   MS. TERESHKO: Object to the

19   form. You can answer.

20   THE WITNESS: Can you say it

21   again?

22   MS. TERESHKO: Can you read

23   it back?

24   -   -   -

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 1                    (Whereupon, the pertinent
 2          portion of the record was read.)
 3                    -  -  -
 4               THE WITNESS:  I mean, I
 5          can't say where the pain
 6          originates from, but I can say
 7          that it's a fine line.
 8               So, myself, wanting to rule
 9          out the most severe thing, could
10          say that -- could put in that
11          complaint.
12  BY MR. AUSSPRUNG:
13          Q.    That complaint of what?
14          A.    Could put in a complaint of
15  chest pain even though he was pointing to
16  his epigastric area.
17          Q.    So, as the triage nurse, you
18  might consider epigastric pain either
19  abdominal or chest in origin?
20          A.    It depends on how the person
21  interprets it.
22          Q.    The person being the patient
23  or the person being the triage person?
24          A.    The triage person.
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1   Q.   Now, as a triage nurse, do

2   you have -- sometimes patients with

3   epigastric pain get evaluated for

4   myocardial infarction; correct?

5   A.   Sometimes.

6   Q.   And you're familiar with the

7   abdominal pain protocol set at Abington

8   Memorial Hospital?

9   A.   Protocol orders?

10   Q.   Correct.

11   A.   I know they exist but I'm

12   not -- we really don't use them, so, I

13   couldn't tell you what they were off the

14   top of my head.

15   Q.   Have you ever used the

16   abdominal order set at Abington Memorial

17   emergency department?

18   A.   I don't know off the top of

19   my head.

20   Q.   Have you ever used --

21   there's also a chest pain order set;

22   correct?

23   A.   Yes.

24   Q.   Have you ever used the chest

Page 41

1   pain order set in your time at Abington

2   Memorial Hospital?

3   A.   Specifically, I don't know

4   off the top of my head.

5   Q.   I'm told that both those

6   order sets contain -- well, I'll

7   represent to you that both those order

8   sets contain an order for 12 lead EKG.

9   Do you have any understanding as to why?

10   MS. TERESHKO: So the

11   question is, do you understand why

12   the 12 lead EKG is contained in

13   either the abdominal or chest pain

14   order set?

15   MR. AUSSPRUNG: In both, why

16   it's contained in both.

17   THE WITNESS: Well, because

18   not everybody presents in a

19   typical fashion.   So, an EKG would

20   be done to rule out if the person

21   is having a heart attack.

22   BY MR. AUSSPRUNG:

23   Q.   You wrote in the assessment

24   here, this is actually your writing, you

Page 42

1   said; correct?

2   A.   Yes.

3   Q.   Actually, let me do it from

4   the top to make sure. Because now that I

5   understand that there's some fields that

6   are populated by your initials are not

7   something that you actually wrote; right?

8   A.   Correct.

9   Q.   So, there's this patient

10   data area at the top that's separated by

11   two lines, this area?

12   A.   Yes.

13   Q.   Is there anything in that

14   patient data area that you wrote?

15   A.   I don't specifically write

16   anything in -- I mean, the vital signs

17   get repopulated into there. But other

18   than that -- and my ESI level gets

19   repopulated into there.

20   Q.   But the complaint that's in

21   the patient data that says chest pain,

22   that was not something that you

23   populated?

24   A.   Correct. Once that

1   complaint goes into Star, we never put it

2   back in again. It just repopulates

3   through pulse check. It never gets

4   entered again.

5   Q.   So you know because that's

6   how that complaint is populated, it's

7   always populated by the person at the

8   window?

9   A.   The complaint is -- I can't

10   say 100 percent that it's always

11   populated at the window.

12   Q.   Do you believe that in

13   Mr. Strimber's case it was?

14   A.   Yes.

15   Q.   Let's go to the next thing

16   that it says, ESI level. You said that

17   you were the one who determined that

18   Mr. Strimber's ESI level 2; correct?

19   A.   Yes.

20   Q.   I already marked as

21   Exhibit-1 a policy recently given to me

22   by the hospital which is titled Five

23   Level Emergency System Index.

24   Are you familiar with this

Page 44

1   policy?

2   A.   This actual policy written

3   like this, no.

4   Q.   Well, you determined the

5   patient was ESI level 2; correct?

6   A.   Yes.

7   Q.   How did you reach that

8   determination?

9   A.   Because we're taught ESI and

10 we have an ESI algorithm that we follow,

11 but I can't say that I've seen it written

12 out in this policy form.

13   Q.   You have a written ESI

14 algorithm that you follow?

15   A.   I have an algorithm, yes.

16   Q.   Do you have a copy of that?

17   A.   I don't have one on me, no.

18   Q.   Is it something you

19 personally have or something that is

20 located within the emergency department?

21   A.   They have them taped on

22 every computer in the department.   Not

23 every computer, but most of the computers

24 that nursing uses.

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 1                    MR. AUSSPRUNG:   Off the

 2        record.

 3                          -   -   -

 4                    (Whereupon, a discussion was

 5        held off the record.)

 6                          -   -   -

 7                    MR. AUSSPRUNG:   Ms. Tereshko

 8        and I just had an off-the-record

 9        conversation where I -- well,

10        we're here at Abington Hospital

11        now, and I asked Ms. Tereshko if

12        she would provide a copy of the

13        ESI algorithm that the nurse just

14        testified is located in the

15        emergency department.  And I was

16        told that she doesn't have

17        authority to go down there and do

18        that now.  So, I won't be able to

19        ask questions about that today;

20        fair?

21                    MS. TERESHKO:   Fair.

22   BY MR. AUSSPRUNG:

23        Q.      Is it your understanding

24   that based on the use of that algorithm
```

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1   that Mr. Strimber was an ESI 2?

2   A.   Yes.

3   Q.   And this policy that I just

4   gave you talks about different decision

5   points in triage and defines an ESI level

6   2 as the patient is a high priority and

7   requires treatment to be initiated within

8   10 minutes. Is that consistent with your

9   understanding as to what ESI level 2

10   means?

11   A.   Yes.

12   Q.   It also says, the patient

13   presentation is a high-risk situation,

14   and unless treated promptly, can

15   deteriorate rapidly.

16   Again, is that consistent

17   with your understanding of ESI level 2?

18   A.   ESI level 2 can be a

19   high-risk situation where a patient

20   presents in severe distress.

21   Q.   Why did you determine that

22   Mr. Strimber was in level 2?

23   A.   Because he was in severe

24   distress when he came in.

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 1          Q.     Did you feel that he had a

 2   potentially life-threatening complaint?

 3          A.     I don't recall that off the

 4   top of my head.  I just remember him

 5   being in a lot of distress which would

 6   make him an ESI 2.

 7          Q.     When I look at the decision

 8   point in this policy of Abington Memorial

 9   Hospital, I'm looking at C-b, I think we

10   can agree that he was not an ESI level 1,

11   he didn't require immediate life-saving

12   intervention; correct?

13          A.     Correct.  An ESI 1 is a

14   patient that comes in and we're doing CPR

15   and intubating.

16          Q.     I agree, or a patient who's

17   having severe difficulty breathing,

18   something of that nature; correct?

19          A.     Not necessarily.

20          Q.     Okay.  We can agree he's not

21   an ESI level 1?

22          A.     Yes.

23          Q.     This says for decision point

24   ESI level 2, that the patients who
```

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1   qualify as ESI level 2, and it gives

2   three different descriptions; correct?

3   A.   You're looking at C, part b?

4   Q.   C-b, correct.

5   A.   Yes.

6   Q.   Okay. Is it your

7   understanding that in order to be an ESI

8   level 2 the patient has to have all three

9   of the things in C-b or only one of them,

10   or is that not your understanding at all?

11   A.   They don't have to have all

12   three.

13   Q.   Has to have one of them?

14   A.   Yes, and it can be off the

15   clinical decision.

16   Q.   Which one of the three did

17   Mr. Strimber have, if any?

18   MS. TERESHKO: Well, just

19   note my objection. So, in

20   designating Mr. Strimber as an ESI

21   level 2, if you sat there and

22   looked at this policy and decided

23   which one he would fall into, you

24   know, you can answer that

1   question, but you also just

2   testified that it's clinical

3   decision making.

4   THE WITNESS: I mean, he was

5   in severe distress, so he required

6   immediate attention within 10

7   minutes.

8   BY MR. AUSSPRUNG:

9   Q.   Okay. Did you have an

10   understanding during your triage that he

11   was in a high-risk situation that could

12   deteriorate rapidly?

13   A.   I don't know that I had

14   enough information out at triage to say

15   that he could deteriorate rapidly. I

16   just know that he was in a lot of

17   distress out there.

18   Q.   Was there anything about

19   Mr. Strimber's age, past medical history

20   such as the fact that he had an article

21   valve, and his medications, that

22   influenced your perceived severity of his

23   complaint?

24   MS. TERESHKO: Even though

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1   she hadn't gathered that

2   information before she designated

3   him an ESI level 2?

4   BY MR. AUSSPRUNG:

5   Q.   I'm sorry. You don't gather

6   any information before you make any

7   decision about ESI level?

8   A.   I gather the information

9   that the patient -- my assessment that I

10   write before I make the ESI level

11   designation.

12   Q.   Are vital signs made

13   available to you before you make an ESI

14   designation?

15   A.   Yes.

16   Q.   Because if the patient is

17   severely hypotensive, that could affect

18   your ESI level?

19   A.   Yes.

20   Q.   So, you performed some sort

21   of a -- well, you performed the

22   assessment you mentioned here and you had

23   vital signs prior to making ESI level

24   determination; correct?

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1   A.   Yes.

2   Q.   Did you take a history or

3   just do the assessment?

4   A.   I do have his history also.

5   Q.   So, was there anything about

6   the patient's age, medical history such

7   as the fact that he had an artificial

8   valve, or his medications that influenced

9   your perceived severity of his complaint?

10   A.   I don't have the medications

11   at that time.

12   Q.   Okay.

13   A.   I have --

14   Q.   So, is there anything about

15   his age or history --

16   A.   Age and history, and he did

17   have a history of -- a cardiac history.

18   Q.   So, that influenced your ESI

19   level selection or not?

20   A.   I would say that my ESI

21   level was more based on clinical decision

22   and seeing the way the patient looked and

23   presented to me and that he was in

24   distress.

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1   Q.   Could you list all the

2   clinical factors that went into that

3   determination of his ESI level that you

4   used?

5   A.   The patient stated to me

6   that he felt like his abdomen was going

7   to explode, he had multiple complaints.

8   I can recall that he was in a lot of pain

9   and very uncomfortable at triage. So,

10   that would influence my decision making.

11   Q.   Okay. In the HPI, that's

12   something that's written by the

13   physician; correct? SF is Dr. Fisher?

14   A.   Yes.

15   Q.   There's a description that

16   pain began in his epigastrium and then

17   slammed up into his jaw. Did you ever

18   get any kind of description as the pain

19   moving up his body?

20   A.   I can only tell you what I

21   wrote in my assessment. I don't recall.

22   I mean, I wrote that he had complaint,

23   legs vibrating and he felt like his

24   abdomen was going to explode, and he

1   specifically denied chest pain to me.

2   Q.   But he did have, as you

3   describe, epigastric pain?

4   MS. TERESHKO: She didn't

5   use the word epigastric.

6   BY MR. AUSSPRUNG:

7   Q.   Where was the location of

8   Mr. Strimber's pain based upon everything

9   you know and the medical record that you

10   documented?

11   MR. GOEBEL: At the time of

12   her assessment?

13   MR. AUSSPRUNG: Correct.

14   THE WITNESS: In his

15   abdomen.

16   BY MR. AUSSPRUNG:

17   Q.   Okay. That's a fairly

18   diffuse area. Can you be more specific?

19   A.   I can't be more specific

20   other than what I wrote, that it was in

21   his abdomen and that he said it was not

22   in his chest.

23   Q.   Do you have any knowledge or

24   information as to whether or not the pain

Page 54

1   that was complained to you was above or

2   below the patient's bellybutton?

3   A.   I didn't specifically write

4   that, so, I can't recall it.

5   Q.   Do you have any knowledge,

6   personal knowledge, not in reading the

7   record, personal knowledge, of things you

8   documented as to whether Mr. Strimber's

9   pain went through to his back?

10   A.   I do not. I didn't document

11   that.

12   Q.   This ESI, you called it an

13   algorithm?

14   A.   Yes.

15   Q.   I just want to make sure I

16   use the right word when I request it.

17   THE WITNESS: Can I talk to

18   you for one moment?

19   MS. TERESHKO: Sure.

20   —   —   —

21   (Whereupon, a discussion was

22   held off the record.)

23   —   —   —

24   MS. TERESHKO: She wants to

```
 1            supplement one of her responses.

 2                 THE WITNESS:  When you were

 3            talking about the ESI in this

 4            policy, the algorithm that I talk

 5            about, is essentially, it's a

 6            chart form of this policy.  So,

 7            instead of it being written down

 8            in like a document that you read,

 9            this is a chart form of the

10            policy.

11   BY MR.  AUSSPRUNG:

12            Q.    Okay.  We'll get a copy of

13   it.  I appreciate that.  Thank you.

14                 Do you see on this medical

15   record, are the -- well, is there any

16   part of the Abington Memorial Hospital

17   computer system back in February of 2012

18   that was entered by voice or is

19   everything typed and selected from

20   drop-down menus?

21            A.    By me?

22            Q.    Yes, by you.

23            A.    I don't dictate anything.

24            Q.    What about by the folks at
```

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 1   the front window?

 2   A.   They don't dictate anything

 3   either.

 4   Q.   It's all drop-down menu

 5   entered into the computer or typed?

 6   A.   Typed, yes.

 7   Q.   Some of these things are

 8   bolded and some of them are not bolded in

 9   the ER record; do you notice that?

10   A.   Yes.

11   Q.   The assessment, for

12   instance, that you entered is bolded;

13   correct?

14   A.   Correct.

15   Q.   But the complaint of chest

16   pain is not bolded; correct?

17   A.   Correct.

18   Q.   Do you have any

19   understanding as to why some of the

20   information in the record is bolded and

21   some is not?

22   A.   I don't.

23   Q.   Do you bold things when you

24   enter them?

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 1          A.     No.

 2          Q.     Going back up to the patient

 3   data, we got to ESI level.  The vital

 4   signs, I think you said those were your

 5   vital signs that were populated into this

 6   spot; correct?

 7          A.     Correct.

 8          Q.     And then as we go down,

 9   triage, and then it has your initials

10   after that; right?

11          A.     Yes.

12          Q.     Is that because you were the

13   one that populated the form with triage

14   or did somebody else?

15               MS.  TERESHKO:   What are you

16          talking about?

17   BY MR.  AUSSPRUNG:

18          Q.     Well, it says triage, and

19   then it says Wednesday, February 2012,

20   11:45, LS.

21               LS is you; correct?

22          A.     Correct.

23          Q.     Did you populate that form

24   or did the person at the window or did
```

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1   somebody else populate that?

2   MS. TERESHKO: If you know.

3   THE WITNESS: Honestly, I

4   don't know.

5   BY MR. AUSSPRUNG:

6   Q.   Then the next three lines

7   starts out with patient, and then it has

8   different information about the patient

9   including their name, age, gender, date

10   of birth, et cetera. And it says that

11   those three lines also have your initials

12   after them; correct?

13   A.   Correct.

14   Q.   Is that something that you

15   documented or someone else documented?

16   A.   I do not document that.

17   That comes over from the Star. It gets

18   populated from Star.

19   Q.   Do you have some reason to

20   believe that you were not both the person

21   that saw the patient at the window for

22   the Star system as well as the triage

23   nurse?

24   A.   Well, my main reason is

1   because he denied chest pain to me. So,

2   I wouldn't have written chest pain in

3   there as a complaint. The only other

4   thing that I can see is that the greet

5   time, which is the time that the patient

6   would have been Star'd, is 11:40, but

7   it's attaching my initials with the time

8   that I triaged him at 11:45.

9   Q.   Okay. What importance, if

10   any, does that have to you?

11   A.   From what I can get from

12   that is my initials were attached to that

13   when I did his actual triage. But there

14   is no initials saying that I did anything

15   at 11:40. That got populated over from

16   the other system.

17   Q.   So, under patient, the three

18   lines there, although it has your

19   initials after it, none of that

20   information was actually entered into the

21   computer by you?

22   A.   Correct.

23   Q.   Then the next line,

24   admission, again, it has your initials at

Page 60

1   the end; correct?

2   A.   Correct.

3   Q.   Was this information entered

4   into the computer by you?

5   A.   I do put the ESI level in.

6   Q.   What about the bed?

7   A.   Well, there was no bed

8   assigned at that time.

9   Q.   Was that something you put

10   in or somebody else or it happened in

11   some other way?

12   A.   It could be myself putting

13   that in eventually, it could be someone

14   else putting that in.

15   Q.   Do you know who it was in

16   this case?

17   A.   In this particular case, who

18   assigned his bed?

19   Q.   Who entered the words

20   "unassigned" --

21   A.   Well, the unassigned words

22   go in because there was no bed assignment

23   made at that point.

24   Q.   That's the default?

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```
 1          A.      Yes.
 2          Q.      So when nothing is written,
 3   that's what happens?
 4          A.      Correct.
 5          Q.      Vital signs, one line of
 6   vital signs.  Again, your initials appear
 7   at the end.  Are those your vital signs
 8   that you wrote?
 9                  MS. TERESHKO:  You mean did
10          she actually enter those vital
11          signs in that line --
12   BY MR. AUSSPRUNG:
13          Q.      Are those the vital signs
14   you took and entered into the computer?
15                  MS. TERESHKO:  Did you
16          actually enter these vital signs
17          here?
18                  THE WITNESS:  I don't know
19          that I actually took the vital
20          signs like you were saying.  I
21          mean, I can't even tell you 100
22          percent that I entered them in.
23   BY MR. AUSSPRUNG:
24          Q.      Does the clinical assistant
```

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```
 1    working at the window take patients'

 2    vital signs?

 3            A.      They can, yes.  Well, not

 4    necessarily the -- there's multiple

 5    clinical assistants in triage.

 6            Q.      So, it may have been one

 7    clinical assistant at the window and some

 8    other clinical assistant taking the vital

 9    signs?

10            A.      Correct.

11            Q.      So, you don't know whether

12    the vital signs were done by you or by

13    some clinical assistant?

14            A.      Done, correct.

15            Q.      Do you know who entered them

16    into the computer system?

17            A.      I mean, with 100 percent --

18                    MS. TERESHKO:   Do you know?

19                    THE WITNESS:   No.

20    BY MR. AUSSPRUNG:

21            Q.      The next line is complaint.

22    It says chest pain and then your initials

23    at 11:45 appear; correct?

24            A.      Correct.
```

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```
 1          Q.      You testified that you did

 2  not enter chest pain into that field?

 3          A.      Correct.

 4          Q.      You believe some clinical

 5  associate did?

 6          A.      Correct.

 7              MS. TERESHKO:  Well, she

 8          testified that she believes a

 9          clinical associate entered it in

10          the Star system and it was

11          repopulated here.

12              MR. AUSSPRUNG:  I

13          understand.

14              THE WITNESS:  That's what I

15          was going to say.  There is no

16          section when I'm triaging to put a

17          complaint.

18  BY MR. AUSSPRUNG:

19          Q.      Because it happened already?

20          A.      Correct.

21          Q.      I understand.  Is Star

22  S-T-A-R, or is it like an acronym for

23  something else?

24          A.      Well, it's it stands for
```

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1   something, but it's S-T-A-R.

2   Q.   What is the Star system used

3   for? Why are there two systems?

4   A.   Honestly, I don't know why

5   there are two systems. The Star system

6   is the system that all patients get

7   looked up on and to get them into the

8   system. And then pulse check is what we

9   use in the ER as our charting system.

10   Q.   This chart is from pulse

11   check?

12   A.   Correct.

13   Q.   And is the Star system used

14   for something else like billing?

15   A.   I don't know.

16   Q.   Okay.

17   A.   We use Star also when we

18   transfer patients out of the department

19   to the floor. We have to transfer them

20   in Star.

21   Q.   The next three lines under

22   assessment are all things that you

23   entered into the computer as your

24   assessment; correct?

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```
 1          A.      Correct.

 2          Q.      The GCS score on the next

 3  line, that was your assessment?

 4          A.      Correct.

 5          Q.      Where it says providers,

 6  triage nurse, Lori Ischinger, that's you;

 7  correct?

 8          A.      I don't put my name in

 9  there, but that gets populated because

10  it's my --

11          Q.      Code?

12          A.      Code, correct.

13          Q.      The previous visit,

14  allergies, is that a field that you

15  populate?

16          A.      I have an allergy field.

17  And if the patient has had allergies

18  previously entered, they would come up.

19          Q.      Do you know whether you

20  entered this information or it came up

21  from the previous evaluation?

22          A.      I don't know for certain,

23  but it says previous visit allergies.

24          Q.      Fair enough.  I agree.
```

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1   Then going down, HPI, is

2 done by somebody else. Known allergies,

3 it doesn't have anything so I'm betting

4 that comes up from some other

5 pre-populated field.

6   Current medications has your

7 initials next to it. Is this something

8 that you then get as the history from the

9 patient, all their meds?

10   A.   Yes, but they -- just like

11 with the allergies, if they've been here

12 before, medications may be in there and I

13 have to go through and make sure that the

14 patient is still on them, or I would put

15 them in myself if they weren't on there.

16   Q.   Past medical history has

17 five different sections here. Are these

18 all things that you obtained from the

19 patient?

20   A.   They're all things that I

21 either obtain or verify. Same as the

22 medications and the allergies, the

23 patient's been here before, they may have

24 already documented histories. And I

1   would make sure that it's all still

2   correct and add anything additionally.

3   Q.   So, during your triage, you

4   learned of Mr. Strimber's history of the

5   valve replacement?

6   A.   Correct.

7   Q.   It looks like it says both

8   mitral valve St. Jude, as well as aortic

9   valve.

10   A.   Correct.

11   Q.   So, you understand he had

12 two artificial valves?

13   A.   Yes.

14   Q.   And then going down, I think

15 you said that first set of vital signs

16 was yours. We already went over that.

17 Is there anything else then in this

18 record that is things that you documented

19 or populate?

20   A.   No.

21   Q.   There's a chest pain order

22 set that's been given to us. Have you

23 seen this before today?

24   A.   I know that it's available

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1   in the computer.

2   Q.   We're going to mark it as

3   Exhibit-3.

4   -   -   -

5   (Whereupon, Exhibit

6   Ischinger-3 was marked for

7   identification.)

8   -   -   -

9   BY MR. AUSSPRUNG:

10   Q.   Have you ever utilized the

11   chest pain order set as a nurse at

12   Abington Memorial Hospital emergency

13   department?

14   MS. TERESHKO: Objection.

15   Asked and answered but you can

16   answer it again.

17   THE WITNESS: I don't know

18   specifically if I've used the

19   chest pain protocol.

20   BY MR. AUSSPRUNG:

21   Q.   Have you ever gone on the

22   Abington Memorial Hospital website?

23   A.   I mean, the Bing?

24   Q.   No, on the internet. You're

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1   at home and you work at Abington Memorial

2   Hospital.   Have you ever gone on the

3   hospital's website?

4   A.   I guess I've been on the

5   hospital's website to look at job

6   postings and stuff like that.

7   Q.   Are you aware that on the

8   website there's a section of patient

9   stories for the emergency department?

10   A.   No.

11   Q.   There was an article on

12   there called One Life, One Heart, One

13   Hospital, and it deals with the patient

14   seen in the Abington emergency department

15   by the name of Linda Cohen who had an

16   aortic dissection and surgery.

17   Did you provide any care to

18   Linda Cohen that you're aware of?

19   A.   No.

20   Q.   Have you ever seen this

21   article?

22   A.   No.

23   MR. GOEBEL: Note my

24   objection to the use of the

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1   article for the purpose of the

2   deposition.

3   MR. AUSSPRUNG: It's a

4   statement of Abington Memorial

5   Hospital, I believe.

6   MR. GOEBEL: She's not a

7   corporate designee. I'm just

8   noting an objection on the record.

9   BY MR. AUSSPRUNG:

10   Q.   In your experience as a

11   nurse in the Abington Memorial Hospital

12   emergency department, do patients'

13   complaints sometimes change over time?

14   A.   To clarify, that they come

15   in saying one thing and --

16   Q.   Later that complaint is

17   absent?

18   A.   Yes.

19   Q.   Nothing further.

20   MR. CAMHI: I have some

21   questions.

22

23   BY MR. CAMHI:

24   Q.   Primarily, you said earlier

1   that your assessment is the reason that

2   the patient gives you of why they are

3   there; is that correct?

4   A.   Correct.

5   Q.   I don't remember you ever

6   actually reading your assessment today.

7   So, since that seems important, I want to

8   ask you about it.

9   The time at the end of your

10   assessment says 11:45. What does that

11   time represent? Is that when your

12   fingers are hitting the keyboard on the

13   computer to type in what appears right

14   before it in the assessment column?

15   A.   I don't know for certain.

16   Q.   Well, is the assessment

17   something that you do right away?

18   A.   When I have initial contact

19   with the patient?

20   Q.   Yes.

21   A.   Yes. Well, on the same

22   screen with the assessment, actually

23   above the assessment, is the history

24   part. So, depends on what's going on

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```
 1   with the particular patient.  I may get

 2   the history first or I may get the

 3   assessment first, but it's all done at

 4   the same time basically.

 5             Q.    I just want to ask you about

 6   your assessment one sentence at a time.

 7                   Did you type in the words,

 8   quote, patient here with complaints of

 9   leg vibrating and abdomen feels like is

10   going to explode, closed quote?  Did you

11   type that in?

12             A.    Yes.

13             Q.    Where did you get that

14   information from?

15             A.    From the patient.

16             Q.    The next phrase in here is,

17   patient denies chest pain.  Where did you

18   get that information from?

19             A.    To type that in, I

20   specifically asked the patient if he had

21   chest pain and he said no.

22             Q.    Is that an important finding

23   whether a patient who presents to triage

24   has chest pain or not?
```

```
 1          A.     Yes.

 2          Q.     Is that something that you

 3   could make a mistake about?

 4                 MR. AUSSPRUNG:  Objection.

 5   BY MR. CAMHI:

 6          Q.     Is that something that you

 7   could make a mistake about, meaning a

 8   patient that specifically says "I'm

 9   having chest pain" and you write down

10   "denies chest pain"?

11                 MR. AUSSPRUNG:  Objection.

12                 MS. TERESHKO:  You can

13        answer.

14                 THE WITNESS:  No.

15   BY MR. CAMHI:

16          Q.     The next sentence, patient

17   states he had one episode of loose stools

18   today after eating radishes, tomatoes,

19   eggs and lox, period.  Did you type that

20   in?

21          A.     Yes.

22          Q.     Is that specifically what

23   the patient told you?

24          A.     Yes.
```

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1   Q.   The last phrase in that

2   heading of assessment, patient also had

3   Centrum vitamin, and is that a period or

4   a comma after vitamin?

5   A.   Period, I believe.

6   Q.   Well, then there's two more.

7   So, patient also had Centrum vitamin,

8   where did you get that from?

9   A.   From the patient.

10   Q.   And then you wrote, patient

11   with multiple complaints.   Where did you

12   get that information from?

13   A.   From what the patient was

14   saying to me.

15   Q.   Did you actually report

16   multiple complaints literally in your

17   assessment?

18   A.   Yes.   I mean, he was

19   complaining of the legs, the abdomen, he

20   had the loose stools, he was telling me

21   what he ate.   He had multiple complaints.

22   Q.   By 12:08 that day, a

23   different nurse is entering information

24   about Mr. Strimber.   And I'm referring to

Page 75

```
1    page 10 of 12 in your packet under the

2    heading of nursing assessment.

3              I'm not going to ask you a

4    lot about it, but am I correct that at

5    12:08 under the heading of nursing

6    assessment, a different nurse is entering

7    information about Mr. Strimber?

8         A.    Correct.

9         Q.    Her initials happen to be

10   the same as -- no.  I take that back.

11   She's listed here as LS1.  And I think we

12   actually already know that that's Lynn

13   Stebulis; true?

14        A.    Yes.

15        Q.    Her nursing assessment at

16   12:08 under the heading of respiratory

17   and chest where it says no complaint of

18   pain, does that match your assessment of

19   Mr. Strimber where he denied chest pain?

20        A.    From looking at what she has

21   written here, yes.

22        Q.    And in the next column under

23   the heading of cardiovascular, is that

24   also -- actually, it's word for word what
```

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1   you wrote, patient denies chest pain;

2   true?

3   A.   Yes.

4   Q.   Do you understand that to be

5   her independent assessment of the patient

6   at 12:08 or is she just copying what you

7   wrote 23 minutes earlier?

8   A.   No. That's her independent

9   assessment.

10   Q.   Thank you. I don't have any

11   other questions.

12   MR. GOEBEL: I don't have

13   any questions. Thank you for your

14   time.

15

16   BY MR. AUSSPRUNG:

17   Q.   Do you make mistakes?

18   A.   In what regards?

19   Q.   Do you ever make mistakes?

20   MR. GOEBEL: Object to the

21   form of that question.

22   MR. CAMHI: It's a pretty

23   rude question, actually. I was

24   real specific about could she be

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```
 1          wrong in documenting denies chest
 2          pain in a patient --
 3                  MR. AUSSPRUNG:  You said do
 4          you ever make a mistake in that --
 5                  MR. CAMHI:  You're
 6          absolutely wrong.
 7                  MR. AUSSPRUNG:  -- so my
 8          question is, do you make mistakes.
 9                  MR. CAMHI:  I object because
10          you are completely wrong again.
11                  MR. AUSSPRUNG:  Okay.  Then
12          let her answer my question.
13                  MS. TERESHKO:  Objection.
14          You can answer.
15                  THE WITNESS:  I mean, in
16          life?  Everybody makes mistakes.
17     BY MR. AUSSPRUNG:
18          Q.    Do you ever make mistakes in
19     the emergency room?
20          A.    I don't know.
21          Q.    Have you ever made a mistake
22     in your job in the emergency department,
23     written something down incorrectly, hit
24     the wrong button?  Do you ever make a
```

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 1   mistake in the emergency department?

 2   MR. GOEBEL: Objection.

 3   MS. TERESHKO: Objection.

 4   Calls for speculation.   Objection

 5   to the form of the question.

 6   BY MR. AUSSPRUNG:

 7   Q.   Can you answer?

 8   MS. TERESHKO: Do you know

 9   of a specific instance when you've

10   ever made a mistake in the

11   emergency room?

12   THE WITNESS: I don't have a

13   specific instance to tell you.

14   BY MR. AUSSPRUNG:

15   Q.   How many minutes is it from

16   11:45 to 12:08?

17   MR. CAMHI: I already said

18   that, 23.

19   MR. AUSSPRUNG: You said

20   that.   I want her to say it.

21   BY MR. AUSSPRUNG:

22   Q.   How many minutes is it from

23   11:45 to 12:08?

24   A.   23.

1   Q.   Is that more or less than 10

2   minutes?

3   A.   23 would be more than 10

4   minutes.

5   Q.   Would you agree that

6   Mr. Strimber had multiple complaints in

7   the emergency department?

8   A.   Yes.

9   Q.   Nothing further.

10

11   -   -   -

12   (Whereupon, the witness was

13   excused.)

14   -   -   -

15   (Whereupon, the deposition

16   concluded at approximately 11:20

17   a.m.)

18   -   -   -

19

20

21

22

23

24

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```
 1                    CERTIFICATE
 2
 3
 4          I HEREBY CERTIFY that the
    witness was duly sworn by me and that the
 5  deposition is a true record of the
    testimony given by the witness.
 6
            It was requested before
 7  completion of the deposition that the
    witness, LORI ISCHINGER, have the
 8  opportunity to read and sign the
    deposition transcript.
 9
10
11  _____
    Amy M. Murphy, a
    Professional Court Reporter and
12  Notary Public
    Dated:   April 21, 2014
13
14
15
16
17          (The foregoing certification
18  of this transcript does not apply to any
19  reproduction of the same by any means,
20  unless under the direct control and/or
21  supervision of the certifying reporter.)
22
23
24
```

MAGNA
LEGAL SERVICES

```
 1              INSTRUCTIONS TO WITNESS

 2

 3              Please read your deposition

 4   over carefully and make any necessary

 5   corrections.  You should state the reason

 6   in the appropriate space on the errata

 7   sheet for any corrections that are made.

 8              After doing so, please sign

 9   the errata sheet and date it.

10              You are signing same subject

11   to the changes you have noted on the

12   errata sheet, which will be attached to

13   your deposition.

14              It is imperative that you

15   return the original errata sheet to the

16   deposing attorney within thirty (30) days

17   of receipt of the deposition transcript

18   by you.  If you fail to do so, the

19   deposition transcript may be deemed to be

20   accurate and may be used in court.

21

22

23

24
```

MAGNA ◗

LEGAL SERVICES

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                      E   R   R   A   T   A

 2                    —   —   —   —   —   —

 3     PAGE   LINE   CHANGE

 4     ____   ____   _____

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11     ____   ____   _____

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13     ____   ____   _____

14     ____   ____   _____

15     ____   ____   _____

16     ____   ____   _____

17     ____   ____   _____

18     ____   ____   _____

19     ____   ____   _____

20     ____   ____   _____

21     ____   ____   _____

22     ____   ____   _____

23     ____   ____   _____

24     ____   ____   _____
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 1              ACKNOWLEDGMENT OF DEPONENT

 2

 3              I,_____, do

 4     hereby certify that I have read the

 5     foregoing pages,  1 - 80, and that the

 6     same is a correct transcription of the

 7     answers given by me to the questions

 8     therein propounded, except for the

 9     corrections or changes in form or

10     substance, if any, noted in the attached

11     Errata Sheet.

12

13

14     _____

15     LORI ISCHINGER                  DATE

16

17

18

19     Subscribed and sworn
       to before me this

20     _____ day of _____, 20____.

21     My commission expires:_____

22

       _____

23     Notary Public

24
```

MAGNA
LEGAL SERVICES

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 2      PAGE    LINE

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 5      ____    ____    _____

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24      ____    ____    _____
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